	Ch	A seissiei -	Time	Indicato	ors	Responsible	Estimate	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
		Purchase of Laptop computer and a multi-media projector to develop the capacity of the Directorate of Private Health Sector Development	2013-2014	Laptop Computer, Multi Media Projector at D/PHSD	Completion by 2014	D/PHSD	2013 - 0.5 2014 -0.5	
3	Improvement of registration and regulation of private	Improvement of registration of private medical institutions	2013-2015	9 workshops all provinces	Complete by 2016	PHSRC Members	2013-0.15 2014-0.15 2015-0.15	
	medical institutions	Formulation of regulations and guidelines to improve registration	2013	Number of PHSRC Sub committee meetings	2013	D/PHSD / (Sec/PHSRC), PHSRC Members	0.1	
		Preparation of guidelines in hospital management ,developing quality of care, handling complaints and regulating the charges/fees	2013-2014	Number of PHSRC Sub committee meetings	Complete by 2014	D/PHSD / (Sec/PHSRC), PHSRC Members	2013- 0.1 2014- 0.1	
		Conduct a study to identify reasons for non-registering /poor registration, in order to make recommendations for improvement	2014-2015	Study Report completed	Complete by2015	D/PHSD D/MRI	2013-0.3 2014-0.3	
		Study visit for Director / PHSD to one developing and one developed country to observe the private health sector development and regulations with view to integration and adaptation of measures for improvement	2013-2014	Number of international study visits	1 visit/year	D/PHSD	2013-1.0 2014-1.0	

	Chronica	Activities	Time	Indicato	rs	Responsible	Estimate Cost Rs.	Potential Source of
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	(Millions)	Funds
4	Formulation of a mechanism to collect health information from	Conduct four to six workshops to develop mechanism	2013-2014	No. of workshops	Six workshops/ Year	D/PHSD D/HI	2013-0.45 2014-0.45	
	the private health sector	Develop Formats / Software to gather information with the help of different stakeholders (Communicable and Non-Communicable Diseases including laboratory data)	2013-2014	No. of data collection formats developed	10 Formats/ year	D/PHSD D/HI	2013-0.15 20140.15	
		Introduce health formats to collect health information from Private Health Sector by conducting workshops at provincial and regional levels for relevant officers / personnel private health institutions	2013-2014	Number of workshops conducted	6 workshops/ year	D/PHSD D/ HI	2013-0.1 2014-0.1	
		Establish an information system to handle relevant information	2013-2014	Established information system	Complete by 2014	D/PHSD D/HI	2013 - 1.5 2014 - 1.5	
		Participation at World Health Information Management conferences to update the knowledge of Director / PHSD and Director/ HI	2013-2016	Number of officers trained	2 officers trained by 2016	D/PHSD D/ HI	2013-0.4 2014-0.4 2015-0.4 2016-0.4	
5	Introduction of GP commissioning clusters	Workshop to develop concepts and principles of GP commissioning clusters	2015	Number of workshops conducted	3 workshops	D/PHSD President / IMPA	1.0	
		Study tour for D/PHSD and President IMPA to observe the GP commissioning clusters	2014-2016	Number of officers trained	Study tour for 2 officers/Y	D/PHSD President / IMPA	2014 -1.0 2015 -1.0 2016 - 1.0	
		Pilot GP commissioning clusters in selected districts	2015-2016	Number of GP Clusters piloted	02GP clusters / Y	D/PHSD President/I	2015 - 1.0 2016 - 1.0	

	a		Time	Indicato	ors	Responsible	Estimate	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
6.	Health promotion programme in selected private health institutions	Workshops to develop methodology in implementing health promotion programmes in private health sector	2014	Developed methodology by 2 workshops	Complete in 2014	DDG/MS2 D/PHSD,	1.0	
		Piloting of health promotion programs in selected private health institutions with pre-and post- evaluation	2014-2015	Number of Pilot Programmes conducted	4 pilot health promotion Programs by 2015	D/PHSD PDHS	2014 - 0.5 2015 - 0.5	
		Workshops for dissemination of information and best practices to encourage others to implement health promotion programs	2016	No.of workshops conducted	2workshops	D/PHSD PDHS	0.15	
		Participation at the 8th Global Conference on Health Promotion to upgrade the knowledge and share the experiences of health promotion programs in the private health sector	2013-2014	Conference attended	1 conference attended by 2013/2014	D/PHSD PDHS	2013-1.0 2014-1.0	
7.	Client - friendly reproductive health in private health institutions	Workshops to develop methodology to implement client- friendly reproductive health services in the private health sector	2014	Developed by 2 workshops	Completed by 2014	DDG/MS2 D/PHSD D/FHB	0.1	
		Study tour to observe and learn from developed countries as to how the client friendly reproductive health services are being implemented in the private health sector	2014	Study tour and updated knowledge attitudes and practices of advocates	1 study tour	DDG/MS2 D/PHSD D/FHB	1.0	

Strategies	A satisfied a	Time	Indicato	rs	Responsible	Estimate Cost Rs. (Millions) 2014 - 0.3 2015 - 0.3 2016 - 0.3	Potential
Strategies	Activities	frame	Time frame		Officer(s)		Source of Funds
	Piloting of client friendly reproductive health services in selected private health institutions with pre- and postevaluation	2014-2016	Number of Pilot projects conducted	4 pilot projects within 3 years	DDG/MS2 D/PHSD D/FHB	2015 - 0.3	
	Workshops for dissemination of information and best practices to encourage others to implement client-friendly reproductive health services	2016	Number of workshops conducted	2workshops	DDG/MS2 D/PHSD D/FHB	0.1	

Main Strategy S Strategic Objectives and Activities Improving public-private partnerships in providing healthcare services

			Time	Indicato	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Timeframe	Officer(s)	Cost Rs. (Millions)	Source of Funds
Pro	gramme/ Unit - Planning	g Unit/ Medical Services						
-	cific Objectives o establish and improve prov	ision of quality, efficient healthcar	e services , cos	st reduction and mult	i sectorial colla	boration		
1	Facilitate policy development for public- private partnerships	Conduction of Workshops	2013 -2014	National consultative meetings	3/year	DDG(P)	2013-1 2014-1	
		Establishment of a steering committee	2013			SH DDG(P)	0.5	
		Development of policy, guidelines and priorities	2013-2014	Policy developed		SH DDG(P)		
2	Initiate early public- private dialogue	Conduct workshops for the private sector	2013 -2014	Workshops held	3/year	SH DDG(P)	2013-2 2014-2	
		Initiation of exchange forums between the private and the public sector	2013 -2014			SH DDG(P) D/ PHSD	2013-2 2014-2	
		Publication of good practices	2014			DDG(P)	1	
3	Strengthen Public-private partnership	Identify and establish pharmaceutical zones	2013 -2017	Zone established	2017	SH		
		Establishment of renal care centers in affected areas with the support of experts in a phased manner	2013 - 2017	Renal care centers established	At least 12 centers established by 2017	DDG(P) DDG(MS1) D/ PHSD	2013-100 2014-100 2015-100 2016-100 2017-100 Private- 600	
		Provide specialists to private health sector in a better and coordinated manner	2013-2017	Mechanism established	2014			

			Time	Indicato	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Timeframe	Officer(s)	Cost Rs. (Millions)	Source of Funds
		Provide part-time General Practitioners and Medical Officers	2013-2017	Mechanism established	2014			
		Establish GP Pools and enhance their services by providing support						
4.	Outsource identified services	Outsource the Cleaning, Laundry, Security, Transport (Ambulance) services etc.	2013-2017			SH		
5.	Strengthen Voluntary Contribution	Strengthen the contributions from reputed organizations such as Sarvodaya, Family Planning Association, National Nutrition Council, etc	2013-2017			SH		
6	Improving Capacity of Intravenous Solution Manufacturing	Setting up an Intravenous Solution Manufacturing Plant in Sri Lanka	2014-2015	Intravenous Solution Manufacturing Plant Established	2015	SH	2014-750 2015-750	

Main Strategy T Strengthening integrated approaches with other governmental and non governmental agencies to facilitate greater coordination and support

Strategic Objectives and Activities

	Strategies		Time	Indicato	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
Pro	gramme/ Unit : Internati	onal Health Unit						
_	cific Objectives							
		of work plans for donor assistants						
		tion with donor assistant agencies					ıds	
		human resource development thro				ces		
1	Preparation of donor	roach with other government agen Planning, preparation,	2013-2014	Donor action	Action Plans	DDG(P)	2013-2	
1	action plans	finalization and distribution of	2013-2014	plans	related to all	DIH	2013-2	
	detion plans	donor action plans related to		available	donors	DIII	20112	
		WHO,UNICEF,UNFPA and			prepared			
		others			using NHDP			
2	Co-ordination of foreign	Conduct review meetings	2013-2014	Progress reports	Review	DDG(P)	2013-2	
	funded projects	Conduct monitoring meetings	2014-2015	Final Technical	&Monitoring	DIH	2014-2	
		Co-ordinate WHO/WHA,SEARO,		report available	meetings&		2015-2	
		UNICEF, UNFPA and other			reports			
3	Davidanment of a	committee meetings	2013-2015	Revised database	Quarterly	DDC(D)	2013-0.1	
3	Development of a monitoring mechanism for	Improving the existing monitoring data base	2013-2015	available	Completed by 2015	DDG(P) D/IH	2013-0.1	
	donor funded projects	monitoring data base		available	by 2013	D/111	2014-0.1	
	donor randed projects	Periodical collection of reports	2013-2015	Updated data base	Monthly	DDG(P)	2013-5	
		(progress/final technical	2010 2010		collection of	D/IH	2014-5	
		reports)			reports	,	2015-5	
4	Enhance donor assistance	Explore and Identify health	2013-2014	Number of	3/year	DDG(P)	2013-0.5	
		needs		consultative		D/IH	2014-0.5	
		Increasing donor awareness		meetings				
				conducted				

			Time	Indicate	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
5	Improvement existing computerized information system in regard to	Improve existing software on fellowships& international training	2013-2014	Revised software	Completed by 2013	DDG(P) D/IH, D/HI	2013-0.25 2014-0.25	WHO
	officers going for fellowships and	Improve data collection formats	2013	Availability of formats	2013	DDG(P) D/IH, D/HI	0.1	
	international trainings	Update all information on foreign training of officers	2013-2015	Computerized Information available	Monthly update	DDG(P) D/IH	2013-0.2 2014-0.2 2015-0.2	
6	Identify future international training and development of skills needed, according to each	1. Meeting/workshop with all Directorates	2013	6 meetings	Completed by 2013	DDG(P),D/I H	0.6	
		2. Development of a data collection format	2013	Availability of formats	Completed by 2013	DDG(P), D/IH	0.01	
	category and programme for next five years	3. Information on training needs are computerized	2013	Information available	Completed by 2013	DDG(P), D/IH	0.3	
7	Development of a monitoring mechanism for	1.Formulate common agreement for training	2013	Availability of agreements	Completed by 2013	DDG(P), D/IH	0.01	
	donor funded projects /programs	2. Formulate post-training evaluation format	2014	Availability of formats	Completed by 2014	DDG(P) D/IH	0.01	
		3. Formulate follow-up format	2014	Availability of formats	Completed by 2014	D/IH	0.01	
8	Strengthen Government donor partnership	1. Establish donor forum	2013-2014	Donor Forum established	Completed by 2014	DDG(P), D/IH	2013-3 2014-3	
		2. Establish Annual forum with all stakeholders	2013-2015	Annual forum established	annually	DDG(P), D/IH	2013-1 2014-1 2015-1	
		National Nutrition Council, Food and Agriculture Council (FAC), Dengue taskforce, injury prevention committee	2013-2015	No. of meetings	4 meetings/ year	DDG(P), D/IH	2013-1.2 2014-1.2 2015-1.2	
9	SAARC Charter	Planning, preparation, finalization and distribution of action plan Conduct meetings	2013-2015	No. of meetings	1 meeting/ year	DDG/P D/IH Legal officer	2013-1.2 2014-1.2 2015-1.2	

Main Strategy U Strengthening the implementation of national drug policy for better management of medical supplies and increasing local manufacturing capacity of pharmaceuticals

Strategic Objectives and Activities

			Time	Indicato	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
Pro	gramme/ Unit : Director	/Medical Supplies Division						
_	cific Objectives							
		eamline management of medical su						
		management through effective info						
		al supplies to government healthcar						
		l provincial sectors to manage med	lical supplies	efficiently				
5. In	nprove local manufacturing o To improve the	Establishment of MSMIS system	2013-2017	Establishment of	<u> </u>	DDG/LS	E /war	
1	management of	up to RMSD level and installing	2013-2017	MSMIS at 82		DDG/LS D/MSD,	5 / year	
	information system with	necessary hardware and		locations		, אוין ש		
	regard to medical supplies	software and networking MSD		Capacity building				
	at central and provincial	with line ministry institutions		of system staff and				
	levels	and regional stores		end users(1000)				
		_		Management	2013-2017			
				maintenance of				
				MSMIS				
2	Strengthen existing	Establishment of drug review	2013-2017	Drug review	Complete	DDG/LS,	0.25 /	WHO
	estimation process at	committees at institutional level		committees are	by 2013	Heads of	year	
	central and provincial		2012 2015	established	P	institutions	0.4.7	TATILO
	levels	Conduct drugs and therapeutic	2013-2015	No. of quarterly	Four	D/MSD	0.4 / year	WHO
		meetings at MSD level		meetings to be conducted	meetings annually			
	Improve transportation of	Purchasing of necessary	2013-2015	No. of vehicles	Four lorries	DDG/LS	2013-75	
	medical supplies	vehicles for the MSD, Regional	2010 2013	purchased	& Four vans	D/MSD	2013 73	
	supplies	Medical Supply Divisions &		Paramaoa	to be	2,1402	2015-100	
		Institutions			purchased by			
					2015			

o	A	Time	Indicato	ors	Responsible	Estimated Cost Rs. (Millions) 2013-116 2014-117 2015-117 200 / year 2013-300 2014-350 2015-350 2013-10 2014-10 2015-10	Potential
Strategies	Activities	frame	Output	Target & Time frame	Officer(s)		Source of Funds
Improve storage facilities at MSD, regional drug stores and all hospitals	Construction of a five story building at MSD premises	2013-2015	New stores building Constructed	Completed by 2015	DDG/L D/MSD	2014-117	
and all institutions above base hospitals	Construction of a new stores complex at Walisara Hospital Premises	2013-2015	New stores complex Constructed	Completed by 2015	DDG/L D/MSD	200 / year	
	Establishment of cold stores in all institutions above base hospital levels	2013-2015	At least one cold store is established in all institutions above base hospitals	Completed by 2015	DDG/LS Provincial Directors	2014-350 2015-350	
To improve physical resources required at MSD level	Purchasing required hand carts and other handling equipments	2013-2015	No. of equipment provided	30 handling equipments and labeling barcode machine 30 RF barcode scanner 1000 plastic palettes by 2015	DDG/LS D/MSD	2014-10	
	Construction of an additional cargo lift for the Deans road complex and installation of security system(CCTV system) and pellets movement tracking system	2013-2015		Security systems by 2015	D/MSD DDG/LS	2013-50 2014-50 2015-50	
Overall quality improvement at MSD level	Quality assurance program including 5S implementation system to be introduced to improve overall quality productivity	2013-2014	Quality assurance program established	2013	DDG/LS D/MSD	2013-1 2014-1	

	Charles	A 111	Time	Indicato	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
3	To improve the human resources	Create required cadre position as follows to strengthen medical supplies management 1. Assistant Director-03 2. Graduate Pharmacist - 3. MLT-05 4. Planning Assistant-02	2013-2015	Identified staff recruited	2015	DDG/LS D/MSD		
		Capacity building of relevant staff at MSD, line ministry institutions and provincial level	2013-2015	No. of training programs conducted	3 training programs at each level annually	DDG/LS Provincial Directors	2 / year	

Programme/ Unit: Medical Technology & Supplies

Specific Objectives

- 1. To strengthen and streamline the registration procedure of drugs, devices and cosmetics
- 2. To ensure the quality, safety & efficacy of drugs, devices and cosmetics used in the country
- 3. To amend, review and strengthen enforcement of the existing legislations/ regulations with regard to drugs, devices and cosmetics
- 4. To strengthen the information system on drugs devices and cosmetics
- 5. To develop human resources and improve infrastructure
- 6. To strengthen the intellectual property rights

1.	Strengthening the	Streamline the registration of	2013-2017			DDG(LS)	0.5 / year	
	registration procedure of	drugs, devices & cosmetics				D/MT&S		
	drugs, devices & cosmetics							
2.	Strengthening the quality	Development of a quality	2013-2015	Develop Quality	2015	DDG(LS)	2013-1.0	
	management system	manual		Manual		D/MT&S	2014-0.5	
							2015-2.5	
		Training of the relevant officers	2013-2017	Number of training	20	D/MT&S	0.5 / year	
		for internal audits		programmes about	Programmes			
				internal audits held	/year			
		Establishment of quality	2013-2017	Establish the	20%	D/MT&S	1.0/ year	
		management unit		Quality	completed			
		_		Management unit	/year			

Charles Inc	A at the a	Time	Indicate	ors	Responsible	Estimated	Potential
Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Estimated Cost Rs. (Millions) 2013-1.0 2014-1.0 2015-1.0 2016-1.0 2017-1.0 2015-3 2016-3 2013-0.4 2014-0.4 2015-0.4 2015-0.4 2017-0.4 2013-0.25 2014-0.25 2015-0.25 2016-0.25 2017-0.25 1.0/year 2013-2.0 2014-0.5 2013-0.5 2014-0.5 2015-0.5 2017-0.5 2016-0.5 2017-0.5 2015-2.0 2016-2.0 2016-2.0	Source of Funds
Strengthening the pharmacovigilance	Establishment of a pharmacovigilance unit	2013-2017	Establish the pharmaco-vigilance unit	20% completed /year	D/MT&S	2014-1.0 2015-1.0 2016-1.0	
	Establishment of a network for pharmacovigilance between CDDA and District General Hospitals/ Teaching Hospitals	2015-2016	Established new network	Complete by 2016	D/ MT&S		
Strengthening of Post Marketing Surveillance System (PMSS)	Taking action against establishments carrying out unethical practices (Flying squad activities)	2013-2017	No. of inspections done per year	10 inspections /year	D/MT&S	2014-0.4 2015-0.4 2016-0.4	
	Fast tracking action against public complaints	2013-2017	No. of complaints investigated	20 complains/y	D/MT&S	2014-0.25 2015-0.25 2016-0.25	
Strengthening the Anti- Microbial Resistance	Review of AMR policy	2013-2014	Reviewed AMR policy in place	Completed 2015	D/MT&S	1.0/year	
(AMR) Policy	Updating antimicrobial guidelines	2013-2014	Updated guideline in place	2014	D/MT&S		
	Prescriber Vs. Dispenser education	2013-2017	Number of educational programmes held	5 Programmes /year	D/MT&S	2014-0.5 2015-0.5 2016-0.5	
Promotion and regulation of clinical trials	Establishment of a clinical trials unit	2013-2016	Availability of clinical trials unit	Complete by 2016	D/MT&S	2014-2.0 2015-2.0	

	Chuckonica	Activities	Time	Indicato	ors	Responsible	Estimated Cost Rs.	Potential Source of
	Strategies	Activities	frame	Output	Target & Time frame	D/MT&S 20 20 20 20 20 20 20 2	(Millions)	Funds
3.	Institutionalize a mechanism to review, harmonize and amend existing Legislation /	Provision for GMP inspections	2013-2015	Legal document for GMP inspections is in place	2015	D/MT&S	2013-0.5 2014-0.5 2015-0.5	
	Regulations	Development of regulations for Clinical Trials Act	2013-2015	New regulations in place	2015	D/MT&S	2013-0.5 2014-0.5 2015-1.0	
	Strengthening and enforcement of Legislation and other Regulations	Regular GMP visits to local and foreign manufacturing sites	2013-2017	Number of GMP visits carried out	30 visits /year	D/MT&S	2013-10 2014-10 2015-10 2016-10 2017-10	
4.	Strengthen the information system to	Updating the Drug Index	2014-2015	Updated drug index published.	2014	D/MT&S	2014-1.0 2015-2.0	
	make public aware of information with regard to pharmaceuticals	Updating the Essential Medicines List (EML)	2013-2014	Essential Medicines List published.	2014	D/MT&S	2013-1.0 2014-0.5	
		Updating of a website	2013-2017	% updated	50% updated each year	D/MT&S	2013-0.5 2014-0.5 2015-0.5 2016-0.5 2017- 0.5	
		Establishment of Drug Information Center	2014-2017	Availability of drug information center	Completed by 2016	D/MT&S	2014-2.0 2015-2.0 2016-0.5 2017-0.5	
		Awareness of the public through the mass media	2014-2016	No of mass media programs held	3 Programmes /year	,	2014-2.0 2015-2.0 2016-2.0	
		Conducting workshops among public, pharmacists and pharmacy owners	2013-2017	Number of workshops held	8 workshops /year	D/MT&S	0.5 / year	

	Churchanian	A seissiels -	Time	Indicato	ors	Responsible	Estimated	Potential Source of
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Estimated Cost Rs. (Millions) 2013-1.0 2014-1.0 2015-1.0 2016-1.0 2017-1.0 2013-3.5 2014-3.5 2015-3.5 2016-3.5 2017-3.5 2013-0.5 2014-0.5 2015-0.5 2016-10 2014-10 2015-10 2014-100 2013-1.0 2014-1.0 2014-1.0 2014-1.0 2014-0.5 2016-0.5 2016-0.5 2017-0.5	Funds
5.	Development of human resources	Conducting awareness programmes to staff	2013-2017	All staff trained	Completed by 2015	D/MT&S	2014-1.0 2015-1.0 2016-1.0	
		Awareness programmes for the relevant officers of the staff	2013-2017	Trained staff available	4 staff /year	D/MT&S	2014-3.5 2015-3.5 2016-3.5	
		Conducting workshops among MOH'S, Regional Epidemiologists, RDHS, Food and Drug Inspectors, MO-MCH and other relevant officers	2013-2017	Number of workshops held	10 Programmes /year	D/MT&S	2013-0.5 2014-0.5 2015-0.5 2016-0.5	
		Supply of essential equipment	2013-2017	Essential equipment provided	2017	DDG/LS	2014-10 2015-10 2016-10	
		Modernization of the existing record room	2013-2014	Established new Record Room	2014	DDG/LS		
6.	Strengthening the Intellectual property	Preparing legal provisions	2013-2015	Legal document in place.	2015	D/MT&S		WHO
	rights (IPR) policy for pharmaceuticals	Review of IPR policy	2014-2016	Revised IPR Policy in place.	2015	D/MT&S	2015-0.5	WHO

	Charaka ai a a	A	Time	Indicat	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
Pro	gramme/ Unit : Deputy D	Pirector General / Laboratory	Services					
•	2. Strengthening and reorga	s Devices & Drugs Act to regulate a nizing of laboratory services in gov	vernment sect	or, private sector and	d in the field.			
1	To regulate and improve the quality, efficacy, safety and availability of pharmaceuticals in Sri	Formulation of a new Drugs, Devices and Cosmetics Act to implement the already prepared Drug Policy	2013	New Act in place	2013	SH DGHS DDG(LS)	0.4	
	Lanka	Revision of current CDDA act to match the new Act (to be developed)	2013	New act in place	2013	SH-DGHS DDG(LS)	0.4	
		Establish a new Drug Regulatory Authority	2013-2014	New Drug Regulatory Authority established	2013	SH DGHS DDG(LS)		
		Under the above act, regulations will be framed to strengthen following areas of the existing drug policy • Selection of essential medicines • Affordability and equitable access • Financing options • Supply systems and donations • Regulation and quality assurance • Quality use of medicines • Research on pharmaceutical and cosmetic products • Human resources –	2013-2017	Regulations framed	2015	SH DGHS	2013-3 2014-3 2015-3 2016-3 2017-3	

	Strategies		Time	Indicat	ors	Responsible	Estimated	Potential	
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds	
		Special focus on the							
		development of the							
		pharmacy profession							
		 Viable local 							
		pharmaceutical industry							
		 Monitoring and 							
		evaluation							
Dr	ogramme / Unit · State Pharmaceutical Cooperation (SPC) and State Pharmaceutical Manufacturing Cooperation (SPMC)								

Programme/ Unit: State Pharmaceutical Cooperation (SPC) and State Pharmaceutical Manufacturing Cooperation (SPMC)

Specific Objectives

- 1. Provision of pharmaceuticals and surgical items to the institutions coming under the purview of the Line Ministry and Provincial Councils
- 2. Provision of pharmaceuticals and surgical items to public at affordable prices
- 3. Expansion of production capacity of the SPMC in order to meet the national requirement
- 4. Strengthen laboratory capacity to ensure quality, efficacy and safety of pharmaceuticals supplied by the SPC / SPMC

5. Further strengthening of SPC to improve efficiency and provide better services to the public

1	Streamline processes with	Establishment of Enterprise	2013-2015	Establishing a	Completed	Chairman	2013-15	
	regard to supply of	Resource Planning System(ERP		database of	by 2015	SPC/SPMC	2014-15	
	pharmaceuticals and	system)		pending orders			2015-20	
	surgical items to			with link to MSD				
	government hospitals			ERP for the				
				purpose of better				
				procurement				
				monitoring				
2	To encourage viable and	Increase the production	2013-2015	Completion of the	Complete by	Chairman-	2013-390	JICA
	sustainable local	capacity in SPMC		project	2015	SPMC	2014-390	
	pharmaceutical industry					GM/SPMC	2015-407	
	in order to increase the							
	production capacity in							
	SPMC							
3	Establish quality	Expansion of research and	2013-2015	Research	Complete by	Chairman-	2013-16	
	assurance and research	development laboratory with		Laboratory	2015	SPMC	2014-10	
	laboratories to maximize	necessary equipments		expanded and		GM/SPMC	2015-10	
	quality, efficacy and safety			improved		Dept. Heads		
	of pharmaceuticals					(QCM/PDM)		

			Time	Indicato	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
	provided	Expanding capacity of quality assurance laboratory of SPC by locating it in a new building designed for this purpose	2013-2015	Ensure quality of products import by testing more sample premarketing and post marketing	2015	Chairman/ SPC	2013-40 2014-40 2015-42	
		Development of quality control laboratory	2013-2015	Number of samples analyzed will be increased	2015			
4	Improve the Human Resources of SPMC for better productivity	Provinding suffient training on GMP for following departments	2013-2015	Increased trained employees	2013- 20 persons 2014- 25 persons 2015-20	Chairman- SPC/SPMC	2013-15 2014-20 2015-15	

Programme/ Unit: National Drug Quality Assurance Laboratory (NDQAL)

Specific Objectives

- 1. Improving existing infrastructure facilities at NDQAL
- 2. Introducing quality testing of Devices and Cytotoxic drugs
- 3. Improving quality and accuracy of the analytical processes at NDQAL
- 4. Improving functions of the Laboratory to ensure quality, efficacy and safety of pharmaceuticals used at government hospitals
- 5. Introducing quality testing of cosmetics
- 6. Development of human resource to provide better quality of services

1	Extension of the existing	Build a four-story building in	2013-2015	New building	Availability of	. ,	2013-40	
	building to acquire more	the space available in the		Constructed	Extension	D/NDQAL	2014-40 2015-40	
	space to expand existing services and other infrastructure	premises and merge with the existing building				2013-2015	2015-40	
	improvements	Establishment of water purification system and New Central A/C system	2014-2015	Water purification system and New Central A/C system established	Availability of Water purification system and New Central A/C system	DDG(LS) D/NDQAL	2014-10 2015-5	

St. v.t. v.t.	A at the a	Time	Indicato	ors	Responsible	Estimated	Potential
Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
	Establishment of new generator room and Central UPS etc.	2014-2015	Established new generator room and Central UP	Complete by 2015	DDG(LS) D/NDQAL	2014-10 2015-10	
	Establishment of new sterility room	2013	Established new sterility room	Complete by 2013	DDG(LS) D/NDQAL	10	
	Partitioning floor area separation for IT unit, maintenance unit, Library and record room	2013	IT unit Established	Complete by 2013	D/NDQAL DDG(LS)	1	
	Purchasing of accessories for analytical equipment (spare parts, HPLC columns)	2013-2017	Required accessories procured	Complete by 2017	D/NDQAL	2013-5 2014-5 2015-6 2016-6 2017-6	
	Establishment of computer network and purchasing Laboratory Information Management System(LIMS) software	2013	"LIMS" installed & networking Established	Complete by 2013	D/NDQAL D/HI	35	
	Purchasing of two suitable vehicles for strengthening post-marketing surveillance programs and conduct island wide awareness programs on quality assurance of pharmaceuticals	2013	Two vehicles procured	2013	D/NDQAL D/Transport	30	
	Improve facilities to test cytotoxic drugs	2014-2016	Established adequate facilities	Complete by 2016	D/NDQAL	5/ Year	

	Christian	A	Time	Indicato	rs	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
3	Improving quality and accuracy of analytical testing of pharmaceuticals	Purchasing of instruments required for Reference standard and Calibration division	2013-2015	Instruments procured	Complete by 2015	D/NDQAL	2013-10 2014-20 2015-10	
	and other products.	Conversion of a existing room to Reference standard and Calibration division	2013	Reference standard & calibration division established	Complete by 2013	D/NDQAL DDG (logistics)	2013-10	
		Initiating the international accreditation process	2013-2014	Accredited laboratory	Complete By 2014	D/NDQAL	2013-3 2014-2	
		Purchasing of BP, USP, IP and other relevant books and journals	2013-2016	Books and Journals are procured	Complete by 2016	D/NDQAL	2013-1 2014-1 2015-1.5 2016-1.5	
		Purchasing of primary standards, other relevant standards required for routine analysis	2013-2016	Primary standards and other relevant standards procured	Complete by 2016	D/NDQAL D/MSD SPC	2013-2 2014-2 2015-3 2016-3	
		Purchasing of standard test methods required for testing medical devices	2013	Test methods procured	2013	D/NDQAL	0.5	
4.	Improving the documentation division	Purchasing necessary items for updating laboratory manual, record keeping & revision of SOP's	2013	Availability of necessary items	2013	D/NDQAL	1	
5.	Strenthening quality testing of Cosmetics	Purchasing of laboratory equipment required for analysis of cosmetics	2015	Laboratory equipment procured	Complete by 2015	D/NDQAL	30	
		Developing testing methods to detect toxic elements in cosmetic products	2015	Developed testing methods	2015	D/NDQAL	1	

	Christian	A addition -	Time	Indicato	rs	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Estimated Cost Rs. (Millions) 2013-20 2014-10 2013-22 2014-5 2013-18 2014-4 1.5 2013-1 2014-2 2015-2 2016-2 2017-2 2013-1 2014-1 2015-2 2016-2 2017-2 2013-2 2014-2 2015-3 2016-4 2017-4 2013-1 2014-1 2015-2 2016-2 2017-2 2013-1 2014-2 2015-3 2016-4 2017-4	Source of Funds
		Purchasing of laboratory equipment for chemical division	2013-2014	Number of equipment	2013- 10 2014- 06	D/NDQAL		
		Purchasing of laboratory equipment for Microbiological division	2013-2014	number of equipment purchased	2013-03 2014-02	D/NDQAL		
		Purchasing of laboratory equipment for Biological division	2013-2014	Number of equipment purchased	2013-04 2014- 03	D/NDQAL	2014- 4	
		Purchasing of equipment for proper storage of analyzed sample archives	2013	Equipment procured	2013	D/NDQAL	1.5	
6.	Upgrading technical knowledge of the relevant staff members on method development, new techniques and advanced	Provide training courses abroad for the officers recruited in to newly established divisions	2013-2017	Number of trained staff	Availability of ten trained staff By 2017	D/NDQAL	2014-2 2015-2 2016-2	
	techniques of testing	Provide continuous short term training courses abroad for technical staff on new techniques of testing pharmaceutical products	2013-2017	Number of trained staff	Availability of twenty trained staff By 2017	D/NDQAL	2014-1 2015-2 2016-2	
		Post graduate training for managerial staff	2013-2017	Number of trained staff	Availability of ten trained staff By 2017	D/NDQAL	2014-2 2015-3 2016-4	
		Attending to workshops, seminars, meetings organized by internationally reputed laboratories	2013-2017	Number of staff attended to workshops, seminars, meetings	Availability of fifteen trained staff By 2017	D/NDQAL	2014-1 2015-2 2016-2	

			Time	Indicato	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
Pro	gramme/ Unit: Eastern p	province						
-	cific Objectives 1. To strengthen the RMSD E 2. To strengthen the manager	astern Province nent of medical supplies in Trinc	comalee and A	mpara Districts				
1.	Development of logistic facilities & improve the RMSD storage facilities	Renovation of RMSD and provision of necessary facilities in RDHS-Batticaloa and RDHS –Kalmunai	2013-2014	Availability of RMSD with good facilities	2013-2014	PDHS RDHS	2013-20 2014-20	
2.	To improve transportation medical supplies	Procurement of 1 lorry to RDHS-Trincomalee and 1 lorry and a crew cab to RDHS Ampara	2013-2014	Vehicles available	2013-2014	PDHS RDHS	2013-12.5 2014-12.5	
Pro	gramme/ Unit: PD/North		•		1	1	•	II.
-	cific Objectives o improve regional medical sup	plies distribution management sy	/stem					
1.	To improve storage facilities	Establish regional medical supply division at Mullaitivu and Kilinochchi	2013-2014	Established Facilities	2014	PDHS North	2013-50 2014-50	
		Strengthening the existing RMSDs at Jaffna, Mannar and Vavuniya	2013-2014	Established Facilities	2014	PDHS North	2013-30 2014-30	
		Providing drug storage facilities for major hospitals in Northern Province	2013-2015	Established Facilities	2015	PDHS North	2013-20 2014-20 2015-20	
	To improve the transport facilities	Provision of 05 lorries (with air-conditioned) for Regional MSDs	2013-2016	lorries available	2013-2016	PDHS North	2013-25 2014-25 2015-25 2016-30	

	Charleston	A set total	Time	Indicato	rs	Responsible	Estimated	Potential	
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds	
Pro	gramme/ Unit: PD/Uva	Province							
Spec	cific Objectives								
1.To	1.To improve management of medical supplies in Uva province								
1.	To improve storage facilities	Improve drug storage	2013-2017	Storage facilities	2013-2017	PDHS-Uva	2013-8		
		facilities at institutional levels		improved in 05			2014-8		
				hospitals in			2015-8		
				Badulla District			2016-8		
				03- Hospitals in			2017-8		
				Monaragala District					
Pro	gramme/ Unit: PD/Saba	ragamuwa Province							
Spec	cific Objectives								
1.To	improve management of med	dical supplies in Sabaragamuwa Pi	covince						
1.	To improve storage facilities	improve drug storage	2013-2015	RMSDs improved	Complete by	PDHS	2013-15		
	& drug storage facilities	facilities at two RMSD's			2015	RDHS	2014-15		
							2015-20		
		Implement Good Pharmacy	2013-2015	Number of	40	PDHS	2013-15		
		Practice(GPP) and Good		institutions	institutions/	RDHS	2014-15		
		Storage Practice(GSP)in		Practicing	year		2015-20		
		pharmacies in government		GPP/GSP					
		hospitals							

Main Strategy V Promoting medical research for better health

Strategies and Activities

			Time	Indicato	rs	Responsible	Estimated	Potential	
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds	
Pro	gramme/ Unit : Director	/ Medical Research Institute							
•	Specific Objectives 1. Ensure high quality Research and assessments conducted by Medical Research Institute and Partners 2. Provide partnership for related technical areas, technical reports, or other widely distributed technical documents, and steering committees 1. To Update and develop Research on primary immune standardized survey deficiencies using molecular & of immune deficiency 2017 2014-0.8 deficiency 2015-0.8								
	inctious	genetic techniques		diseases			2016-0.8 2017-0.8		
2	To develop a research agenda related to assessment of health status and associated factors and implement priority areas	Identification of allergens responsible for atopic diseases	2013-2017	No of atopic diseases	20 diseases by 2017	D/MRI	2013-1.0 2014-1.0 2015-1.0 2016-1.0 2017-1.0		
3	To provide technical recommendations for policy guidance to MOH conducting assessments of health problems and/or associated factors in populations	Assessment of safety of using Gelatine as a component of the Rubella vaccine in patients with allergy to beef & pork	2013-2017	Detection of presence of IgE in Gelatine, Beef & Pork	2017	D/MRI	2013-0.05 2014-0.05 2015-0.05 2016-0.05 2017-0.05		
4	To improve and update the knowledge and skills of the staff at different levels	Training of MLTT in basic immunology	2013-2017	No. of Health Personnel Trained	25/ year	D/MRI	2013-0.5 2014-0.5 2015-0.5 2016-0.5 2017-0.5		

Charles	A attacks -	Time	Indicato	rs	Responsible	Estimated	Potential
Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
	MD in Microbiology	2013-2017	No. of Health	06 / year	D/MRI	2013-0.5	
			Personnel Trained			2014-0.5	
						2015-0.5	
						2016-0.5	
						2017-0.5	
	Diploma in Medical	2013-2017	No. of Health	10 / year	D/MRI	2013-0.5	
	Microbiology		Personnel Trained		-	2014-0.5	
						2015-0.5	
						2016-0.5	
						2017-0.5	
	MD in Chemical Pathology	2013-2017	No. of Health	04 / year	D/MRI	2013-0.5	
			Personnel Trained			2014-0.5	
						2015-0.5	
						2016-0.5	
						2017-0.5	
	MD in Transfusion Medicine	2013-2017	No. of Health	06 / year	D/MRI	2013-0.5	
			Personnel Trained		-	2014-0.5	
						2015-0.5	
						2016-0.5	
						2017-0.5	
	Diploma in Transfusion	2013-2017	No. of Health	08 / year	D/MRI	2013-0.5	
	Medicine		Personnel Trained		-	2014-0.5	
						2015-0.5	
						2016-0.5	
						2017-0.5	
	Diploma in Clinical	2013-2017	No. of Health	05 / year	D/MRI	2013-0.5	
	Microbiology		Personnel Trained			2014-0.5	
						2015-0.5	
						2016-0.5	
						2017-0.5	

	Charles to a	A at the a	Time	Indicato	rs	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
		MSc in Immunology	2013-2017	No. of Health Personnel Trained	05 / year	D/MRI	2013-0.5 2014-0.5 2015-0.5 2016-0.5 2017-0.5	IBBM
		Training in Ethics Review	2013-2017	No. of training programes conducted	2 members of ERC to be trained / year	DDG(ET&R) D/MRI	2013-2 2014-2 2015-2 2016-2 2017-2	
		Train Health personnel on rabies and vaccinology	2013-2017	No. of Health personnel trained	400 personnel / year	D/MRI	2013-1.5 2014-1.5 2015-1.5 2016-1.5 2017-1.5	
5.	Development of recommendations and guidelines for management of anaphylaxis	Convene meetings and participate in Key technical activities that develop recommendations, guide lines, frameworks and / or reports of wide impact	2013-2017	No. of technical activities completed	3activites /year	D/MRI	2013-1.5 2014-1.5 2015-1.5 2016-1.5 2017-1.5	
6.	Strengthen formal and informal collaboration with partners	Dissemination of knowledge on Immunology	2013-2017	No. of articles presented / published	2articles /year	D/MRI	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2	
7.	Provision of current knowledge in relation to immunology	MRI staff participate in an active role in national and international scientific conferences	2013-2017	No. of meetings / conference participated	6meetings /year	D/MRI	2013-0.5 2014-0.5 2015-0.5 2016-0.5 2017-0.5	

	0		Time	Indicato	rs	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
		Training in ADR Monitoring (Adverse Drug Reaction)	2013-2017	No. of training programes conducted	2 trainings program /year	D/MRI	2013-0.5 2014-0.5 2015-0.5 2016-0.5 2017-0.5	WHO
		Conduct training workshops on Adverse Drug Reaction Reporting (ADR)	2013-2017	Number of workshop conducted	1 workshop /year	D/MRI	2013-0.05 2014-0.05 2015-0.05 2016-0.05 2017-0.05	WHO
		Training in TDM and Assay of Drugs of Abuse (Technical Authority Committee)	2013-2017	No. of training programes conducted	1 training program /year	D/MRI	2013-1.0 2014-1.0 2015-1.0 2016-1.0 2017-1.0	WHO
9.	To Develop recommendations, guide lines, activities,	Develop SOP (Standard Operating Procedures) for Ethics Review Committee	2013	SOP developed	2013	D MRI	0.4	
	frameworks and / or reports of wide impact in	Accreditation of Ethics Review Committee of MRI	2013	Accreditation done	2013	D MRI	0.4	WHO
	Key technical activities	Develop SOP Research Review Committee	2013-2014	No. of review committee meetings	12 meeting /year	D MRI	2013-0.2 2014-0.2	
10	Convene meetings and Participate in Key technical activities that develop recommendations, guide lines, frameworks and / or reports of wide impact	Draw up guide lines and regular revisions of rabies post exposure therapy protocol in line with WHO recommendations.	2013-2017	No. of technical activities completed	4 activities /year	D/MRI	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2	

			Time	Indicato	rs	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
11	Strengthen formal and informal collaboration with partners	Research activities with external collaboration	2013-2017	No. of research activities	30 projects /year	D/MRI	2013-20 2014-20 2015-20 2016-20 2017-20	
12	Participation as resource persons in conference on rabies & vaccinology	MRI staff participate in an active role in national and international scientific conferences	2013-2017	No. of meetings & conferences participated	10meetings or conference /year	D/MRI	2013-5 2014-5 2015-5 2016-5 2017-5	
13	Dissemination of knowledge & experience on rabies & vaccinology through research publications	MRI staff publishes articles or reports in peer reviewed journals	2013-2017	No. of articles published	1article /year	D/MRI	2013-0.5 2014-0.5 2015-0.5 2016-0.5 2017-0.5	GOSL
14	Provision of knowledge on Rabies & vaccinology for appropriate policy decisions to be made	MRI staff participate on steering committees as active members	2013-2017	No. of meetings participated	30 meetings /year	D/MRI	2013-0.5 2014-0.5 2015-0.5 2016-0.5 2017-0.5	
15	Revisions of rabies control programes and External quality control programes for peripheral rabies diagnostic laboratory	Critically evaluate MRI programes and direction with periodic external reviews	2013-2017	No. of reviews conducted	4 reviews /year	D/MRI	2013-0.5 2014-0.5 2015-0.5 2016-0.5 2017-0.5	
16	To train Entomological Assistants (EA's) in disease vector surveillance and control	Conduct and participate in basic training ,in-service training and postgraduate training programes of heath personnel	2013-2017	No. of EAs' trained	50 personnel / year	D/MRI	2013-0.1 2014-0.1 2015-0.1 2016-0.1 2017-0.1	

	Charles	A at title	Time	Indicato	rs	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
		Provision of postgraduate training research officers on Medical Entomology to upgrade the activities & research programes of the department	2013-2017	No. research officers trained	One program /year	D/MRI	2013-0.5 2014-0.5 2015-0.5 2016-0.5 2017-0.5	
17	Update knowledge to improve the quality of vector control programes and training programs of EA's	MRI staff participate in an active role in national and international scientific conferences	2013-2017	No of meetings / conference participated	1meeting /year	D/MRI	2013-1.0 2014-1.0 2015-1.0 2016-1.0 2017-1.0	WHO
18	MRI staff publishes articles or reports in peer reviewed journals	Dissemination of current knowledge of vector bionomics & control activities to	2013-2017	No. of articles published	1 article /year	D/MRI	2013-1.0 2014-1.0 2015-1.0 2016-1.0 2017-1.0	
19	Update and develop standardized survey methods of viral infectious diseases	Strengthening of surveillance of viral infectious diseases (respiratory viruses, measles, rubella ,hepatitis ,JE, Gastroenteritis, Dengue, Polio)	2014-2017	Percentage of samples tested	20% increase /year	D/MRI	2014-2.0 2015-2.0 2016-2.0 2017-2.0	
		Establishment of antiviral susceptibility testing for Influenza	2014-2017	No. of test established	one test /year	D/MRI	2014-4.0 2015-4.0 2016-4.0 2017-4.0	
		Establishment of molecular testing and geno-typing for measles, rubella, Hepatitis, Dengue	2014-2017	No of test established	1test/year	D/MRI	2014-6.0 2015-6.0 2016-6.0 2017-6.0	
20	To improve the surveillance system of viral diseases	Train health personal on surveillance of viral diseases. Conduct training workshops on monitoring and evaluation methods	2014-2017	No. of health personnel trained	100 health personnel /year	D/MRI	2014-6.0 2015-6.0 2016-6.0 2017-6.0	

			Time	Indicato	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
21	To establish quality control and accreditation of laboratory services by increasing the participation in external	Establishment of evaluation methods for commercial reagent kits	2014-2017	No. of trained personnel	20 specialists /year	D/MRI	2014-0.8 2015-0.8 2016-0.8 2017-0.8	
	quality control networks	Participation in international EQA programme for viral diagnosis	2014-2017	No. of EQAS programmes	3 program /year	D/MRI	2014-0.5 2015-0.5 2016-0.5 2017-0.5	
		Transport of clinical samples to references laboratories	2014-2017	No. of samples sent	50 samples /year	D/MRI	2014-0.5 2015-0.5 2016-0.5 2017-0.5	
22	To improve operational research on quality assurance and accreditation in clinical chemistry, hormone assays & biochemical tumour markers	Establishment of accredited peripheral laboratories	2013-1017	No. of accredited laboratories	10 labs /year	D/MRI	2013-3.0 2014-3.0 2015-3.0 2016-3.0 2017-3.0	
23	To conduct research on environmental & behavioral factors in causation of chronic diseases	Carry out research projects	2013-2017	No. of research projects	2 research projects /year	D/MRI	2013-3.0 2014-3.0 2015-3.0 2016-3.0 2017-3.0	
24	To control thyroid diseases in the Kilinochchi & Mullaitivu districts	Conducting awareness programs, Provide leaflets, and Health Education and Iodine supplements.	2013-2017	No of programs conducted	4 programs /year	D/MRI	2013-3.0 2014-3.0 2015-3.0 2016-3.0 2017-3.0	

			Time	Indicato	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
25	To control the chronic renal diseases in the north central province	Conducting awareness programs, Provide leaflets, Health Education	2013-2017	No of programs conducted	4 programs /year	D/MRI	2013-3.0 2014-3.0 2015-3.0 2016-3.0 2017-3.0	
26	Strengthening of external quality assurance schemes in chemical pathology to state and private sector	Development of participant laboratories	2013-2017	Percentage of participant labs	Increase in participant labs by 25% in 2016	D/MRI	2013-3.0 2014-3.0 2015-3.0 2016-3.0 2017-3.0	
27	Upgrade and develop functions in department of Natural products	Upgrading department of Natural Products through research activities	2013-2017	No. of research products completed	One research project / year	D/MRI	2013-6.0 2014-6.0 2015-6.0 2016-6.0 2017-6.0	
28	Provisions of postgraduate training and service training for research officers on natural products chemistry	Conduct in- service training and post- graduate training programs for health personnel	2013-2017	No. of research officers trained	One officer /year	D/MRI	2013-0.15 2014-0.15 2015-0.15 2016-0.15 2017-0.15	
29	Dissemination of current natural product chemistry knowledge	Publish articles or reports in peer reviewed journals, and high profile groups	2013-2017	No. of articles published	one article /year	D/MRI	2013-0.1 2014-0.1 2015-0.1 2016-0.1 2017-0.1	

			Time	Indicato	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
Pro	gramme/ Unit : Director	/ Non Communicable Disease	Unit					
	cific Objectives 1. To reduce premature mor	tality due to chronic NCDs by 2% a	annually over	next three years				
1	To promote research and utilization of its findings for prevention and control of NCDs	Identify research priorities	2013	Mapping of locally published researches conducted on NCD and risk factors	2013	D/NCD CCP	0.5	NB WHO
		Conduct research to identify main risk factors of NCD/NCD prevalence /effectiveness of the NCD programs	2013-2015	3 Research reports available	1 report/year	D/NCD CCP	2013-2 2014-2 2015-2	
		Conduct NCD STEP surveillance	2016-2017	NCD STEP surveillance report	Completed by 2017	D/NCD	2016-6 2017-6	
	gramme/ Unit: Family H	ealth Bureau						
-	cific Objectives o promote research for policy	and practice in MCH						
1.	Addressing research priorities of FHB.	Each technical unit of FHB has to submit a proposal for its research priority.	2013-2016	Percentage of technical units	50% by 2013	D/MCH CCP/ Technical Units	Nil	
		Availability of an established R&D unit at FHB.	2013	Percentage of human and material resources available at R&D Unit.	50% by 2011 and 100% by 2013.	D/MCH CCP/ In charge	1.0	

	C		Time	Indicato	rs	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
		Research conducted in the highest priority research areas of FHB.	2013-2016	Percentage of highest priority research areas of FHB, for which research conducted by R&D Unit.	Research conducted by R&D Unit for at least 50% of highest research priorities of FHB by 2016.	D/MCH CCP/ In charge	2013-1.0 2014-1.0 2015-1.0 2016-1.0	
2	Setting research priorities in the field of MCH, in Sri Lanka	MCH research priorities in the country declared.	Annually	Percentage of technical units of FHB that have identified research priorities.	100% of technical units of FHB have identified research priorities annually.	D/MCH CCP/ Technical Units	Nil	
		Grants offered for outstanding proposals on highest priority MCH research areas.	Annually	Percentage of declared MCH research priorities in the country, for which grants offered for outstanding research proposals.	Grants offered for at least 10% of highest research priorities annually.	D/MCH CCP/ In charge	3.0 /year	

	Charles	A art total	Time	Indicato	rs	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
3	Encourage development of a research culture in the field of MCH, in Sri Lanka	Availability of an updated database on MCH research.	Ongoing	Percentage of MCH research published during the preceding year which is available in the database.	100% of research published in the preceding year, are available in the database.	D/MCH CCP/ In charge	1.0 /year	
		Best research projects conducted by field staff are selected and rewarded.	Annually	Percentage of annual increase of applications received for awards for research projects of MCH staff.	At least 10% annual increase of	D/MCH CCP/ In charge	1.0/year	WHO
4	Positive discrimination in favour of research conducted by MCH staff outside Western Province.	Increased number of high quality MCH research conducted by MCH staff outside the Western Province.	Annually	Percentage annual increase of applications received for research awards received from MCH staff outside the Western Province.	At least 20% annual increase of applications for research awards received from MCH staff outside the Western Province.	D/MCH CCP/ In charge	Nil	

	Christian	A sales to the	Time	Indicator	rs	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
		Special awards granted for research conducted by MCH staff outside the Western Province.	Annually	Percentage of research awards received by MCH staff outside the Western Province.	At least 25% of research awards are granted to MCH staff outside the Western Province, annually.	D/MCH CCP/ In charge	0.5/year	
5	Improved collaboration with other research organizations	Research conducted in collaboration with other research organizations.	Annually	% of research projects conducted in collaborat-ion with other research organiza-tions.	At least 50% of the projects	D/MCH CCP/ In charge	2.0/year	
6	Disseminate the findings of the research conducted or sponsored.	Dissemination sessions are conducted to raise awareness of stakeholders on research findings conducted or sponsored by R&D Unit.	within twelve months of completio n of the research	Percentage of research projects for which dissemination sessions are conducted.	Dissemination sessions are conducted for at least 25% of research projects within 12 months.	D/MCH CCP/ In charge	1.0/year	

			Time	Indicato	rs	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
		Conference presentations are made on research findings conducted or sponsored by R&D Unit.	within twelve months of completio n of the research	Percentage of research projects for which conference presentat-ions are made.	Conference presentations are made for at least 25% of research projects within 12 months.	D/MCH CCP/ In charge	0.5/year	
		Research projects carried out or sponsored by R&D Unit are published in peer reviewed journals or as a publication.	within twelve months of completio n of the research	Percentage of research projects which are published in peer reviewed journals or as a publication.	At least 50% of research projects are published in peer reviewed journals or as a publication within 12 months.	D/MCH CCP/ In charge	Nil	
	ogramme/ Unit: Educati	on Training & Research						
	cific Objectives Fo improve evidence based he	ealth system						
1.	Improvement of research capacity within the health sector	Selection of suitable research proposals through the National Health Research Council recommended by approved technical committee	2013-2016	No. of research proposals funded	5/year	DDG-ETR	2013-1.5 2014-1.5 2015-1.5 2016-1.5	
2.	To strengthen the health research management system	Establishment of a center for National Health Research council	2013-2016	A center for NHRC	Established by 2016	DDG(ETR)	2013-3.75 2014-3.75 2015-3.75 2016-3.75	

			Time	Indicato	rs	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Estimated Cost Rs. (Millions) 2013-0.25 2014-0.25 2014-0.25 10 0.1 1/ Year 2013-4 2014-4	Source of Funds
		Establishment of central coordinating system on health research	2013-2014	Central coordinating system at the ET&R unit	Established by 2014	DDG(ETR)		
		Systematization of ethical review committees	2013-2014	Systematized ethical review system	Review system established 2014	DDG(ETR)		WHO
3	Improving the functions of the National Research Council	Establishment of a National Health Research Coordinating Centre	2013		2013	DDG(ETR)	10	
		Establish a Co-ordination mechanism	2013			DDG(ETR)	0.1	
		Conduct health systems research workshops annually for Medical, Dental, Nursing and Allied Health Categories	2013-2017		2017	DDG(ETR)	1/ Year	
Pro	gramme/ Unit: PD/Nor	th Western Province						
	cific Objectives o develop a research agenda 1	related to health status						
	To identify the health system gaps and improve the efficient delivery of health services	Conducting research to identify the gaps in existing healthcare delivery system in North Western Province	2013-2014	No of research conducted	2 researches /year	PDHS RDHS		
1.								

			Time	Indicato	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
Pro	ogramme/ Unit: PD/Sout	thern Province						
Spe	Specific Objectives							
1.To	enhance the quality of healt	h services						
1.	To strengthen the existing healthcare delivery system	Conduct research to identify major health problems in southern province	2013-2017	No of research conducted	2 researches /year	PDHS RDHS	2013-4 2014-4 2015-4 2016-4 2017-4	PSDG
Pro	gramme/ Unit: PD/ Uva Pr	rovince						
Spe	cific Objectives							
	1. Improve the evidence based management of patients at district levels							
1.	To improve the health service efficiency	Establish a regional research center with equipments	2013	Established research center	Complete by 201	PDHS	5	

Main Strategy W Promoting Medical Tourism

Strategic Objectives and Activities

	ategic objectives and Activi			Indica	ators		Estimated	Potentia
	Strategies	Activities	Time frame	Output	Target & Time frame	Responsible Officer(s)	Cost Rs. (Millions)	l Source of Funds
Pro	gramme/ Unit : Director/ Pri	vate Health Sector Development						
Spe	cific Objectives							
1. T	o improve Medical Tourism as r	neasure of revenue generation to our	r country allowi	ng foreigners to	receive the h	ighest quality ca	re at an afford	lable cost.
1	Improve providing	Establishment of a medical	2013-2014	Information	2014	SH		
	information for foreigners	tourist management information		booklet		D/PHSD		
		system		prepared				
				and				
				distributed				
2	Establish better quality	Identified sections developed in	2013-2017			SH		
	centers in hospitals to	Private Hospitals				D/PHSD		
	promote medical tourism	Identified sections developed in	2013-2017			DGHS	To be	
		Government Hospitals				(-)	established	
						D/PHSD		
		Establish dedicated specialized	2013-2017			SH	To be	
		centers for care of foreigners				D/PHSD	established	

Main Strategy X | Improving health financing, resource allocation, optimal utilization and promoting alternative financing options for health care

Strategic Objectives and Activities

Charleston	A set totals	Time	Indicato	ors	Responsible	Estimated	Potential
Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds

Programme/ Unit: Finance Division

Specific Objectives

- 1. To provide financial support to achieve the highest attainable health status for the people of the country.
- 2. To ensure allocative efficiency by making strategic resource allocation decisions and to ensure operational performance through the efficient and effective conduct of health service delivery activities.
- 3. To identify the health expenditure requirements in Sri Lanka, including new programs and projected increases in manpower, civil works, drugs, equipment's etc. in a broad and comprehensive manner.

4. To enable MOH to be in a position to make an informed judgment on the feasibility and desirability of adopting alternative methods for health financing.

1	Development of Medium	1. Prepare the Capital Action	2013-2017	Completion of	Once a year	DDG(F)	2013-0.6	GOSL
	Term Expenditure	Plan for the health services.		plan		D/F(P)	2014-0.6	External
	Framework						2015-0.6	Resource
							2016-0.6	(ER)
							2017-0.6	
		2. Preparation of recurrent	2013-2017	Completion of	annually	DDG/F	2013-0.3	GOSL
		expenditure plan.		plan		D/F(P)	2014-0.3	
							2015-0.3	
							2016-0.3	
							2017-0.3	
2	Development of annual	1. Prepare annual Action Plan	2013-2017	Plan ready by	annually	D/F (P)	2013-0.2	ER- GOSL
	Expenditure Framework	for the health services.		February			2014-0.2	
							2015-0.2	
							2016-0.2	
							2017-0.2	
		2. Preparation of annual	2013-2017	Plan ready by	annually	D/F (P)	2013-0.4	GOSL-ER
		recurrent expenditure plan.		January			2014-0.4	
							2015-0.4	
							2016-0.4	
							2017-0.4	

	Chuntonias	Activities	Time	Indicato	ors	Responsible	Estimated Cost Rs.	Potential Source of
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	(Millions)	Funds
3	Development and implementation of a monitoring system to support performance based planning and	Quarterly reviews to identify financial and physical progress.	2013-2017	Number of reviews held	quarterly	Secretary/ DDG/P DDG/F D/F(P)	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2	GOSL
	budgeting	Improvement of receiving monthly returns	2013-2017	Number of returns received	quarterly	DDG/P DDG/F D/F(P)	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2	GOSL
		Web based monitoring system for over 50 million projects	2013-2017	Web system updated and maintained	quarterly	DDG/P DDG/F D/HI D/F(P)	2013-0.3 2014-0.3 2015-0.3 2016-0.3 2017-0.3	GOSL
		Train financial managers and subordinates of line ministry hospitals and other medical institutions	2013-2017	Number of workshops and training programmes conducted	2 per year	DDG/P DDG/F D/F(P)	2013-0.8 2014-0.8 2015-0.8 2016-0.8 2017-0.8	WHO/ GOSL
		Allocate financial resources for health expenditure based on accomplishment of targets and achievements	2013-2017	Mechanism established	Once in 6 months	DDG/P DDG/F D/F(P)	2013-0.4 2014-0.4 2015-0.4 2016-0.4 2017-0.4	GOSL
		Enhance allocation efficiency and resource distribution	2013-2017	Correct diverse of resources	Once in 6 months	DDG/P DDG/F D/F(P)	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2	GOSL

	0		Time	Indicato	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
4	Develop a sharing mechanism of financial information between the provincial / financial commission and the central ministry.	Introduce a mechanism to collect information from the provinces and financial commission	2013-2017	No of achievements	Once in 6 months	DDG/P DDG/F D/F(P)	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2	GOSL
5	Improve health financing by using management techniques	Formulate cost-control measures	2013-2017	No of institution implemented	6 months/ quarterly	DDG/P DDG/F D/F(P)	2013-2.5 2014-2.5 2015-2.5 2016-2.5 2017-3.0	GOSL/Ex ternal Resource
		Conduct cost studies to evaluate impact of costing system introduced to the hospital	2013-2017	No. of cost studies done	1 year	DDG/P DDG/F D/F(P) Hospital directors	2013-0.3 2014-0.3 2015-0.3 2016-0.3 2017-0.4	
		Need-based National development plan for future health care development	2014-2015	No of need based assessment	Annually	Secretary DDG/F D/F(P)	2014-2.5 2015-2.5	GOSL/ER
		Result- based Financing depending on output, outcome and impact indicators	2013-2017	Compare the budget with actual results	6 months	DDG/P DDG/F D/F(P)	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2	GOSL
6	Coordination and Dissemination of NHA (National Health Accounts) activities to National and provincial level	Steering committee to be appointed to guide activities of National health accounts	2013-2017	Number of meetings conducted	Quarterly	Secretary DDG/P DDG/F D/F(P	2013-0.4 2014-0.4 2015-0.4 2016-0.4 2017-0.4	WHO

	Churchanian	A attacks -	Time	Indicato	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
		Institutionalization process to be initiated	2013-2017	Process initiated	2 years	Secretary DDG/P DDG/F D/F(P)	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2	ER/GOSL
		Establishment of a health economics unit	2013-2017	Health Economic Unit	Complete By 2017	Secretary DDG/P DDG/F D/F(P)	2013-1.0 2014-1.0 2015-1.0 2016-1.0 2017-1.0	ER/GOSL
		Training of health staff to improve and develop capacity on NHA(Foreign/local)	2013-2017	5 Programmes	Annually	Secretary DDG/P DDG/F D/F(P)	2013-5.0 2014-5.0 2015-5.0 2016-5.0 2017-5.0	ER/GOSL
		Establish an information collection mechanism	2013-2017	No of mechanism in place for data collection	Annually	Secretary DDG/P DDG/F D/F(P)	2013-0.8 2014-0.8 2015-0.8 2016-0.8 2017-0.8	ER/GOSL
		Producing reports in regular manner	2013-2017	Reports and publications are finalized	Annually	Secretary DDG/P DDG/F D/F(P)	2013-0.8 2014-0.8 2015-0.8 2016-0.8 2017-0.8	ER/GOSL
7	Awareness of financial guidelines	Preparation and distribution of financial guidelines to all heads of Institutions.	2013-2017	Guidelines prepared, updated and distributed	Annually	DDG/P DDG/F D/F(P)	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2	ER/GOSL

	Churchanian	A	Time	Indicato	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
		Awareness programmes for top and middle level managers	2013-2017	Awareness programmes conducted	3 per year	DDG/P DDG/F D/F(P)	2013-1.0 2014-1.0 2015-1.0 2016-1.0 2017-1.0	ER/GOSL
8	Assets valuation	Safeguard all assets and inventory of the institutions which comes under the line ministry	2013-2017	Conduction of board of survey	Annually	DDG/F D/Stock verification	2013-0.4 2014-0.4 2015-0.4 2016-0.4 2017-0.4	ER/GOSL
		Conduct an asset valuation with the support of department of evaluation	2013-2017	Valuation process designed and implemented	5 years	D/SV DDG/F	2013-0.4 2014-0.4 2015-0.4 2016-0.4 2017-0.4	ER/GOSL
		Preparation of assets register	2013-2017	No of assets identified and registered	Annually	Hospital directors D/SV	2013-0.4 2014-0.4 2015-0.4 2016-0.4 2017-0.4	ER/GOSL
9	Minimize financial irregularities	Reduce number of audit queries	2013-2017	Review on audit quarries	Quarterly	CIA DDG/F	2013-0.4 2014-0.4 2015-0.4 2016-0.4 2017-0.4	ER/GOSL
		Minimize errors in financial procedures by introducing regular monitoring system	2013-2017	Quarterly	Quarterly	CIA DDG/F	2013-0.4 2014-0.4 2015-0.4 2016-0.4 2017-0.4	ER/GOSL

			Time	Indicate	ors	Responsible	Estimated	Potential
	Strategies	Activities	frame	Output	Target & Time frame	Officer(s)	Cost Rs. (Millions)	Source of Funds
		Strengthening the internal audit system	2013-2017	Minimize the financial irregularities	Daily	CIA Directors Accountant		
10	Alternative financing mechanisms/Reimbursem	Fee- for-service for selected services	2013-2017	Improved service		DDG/F		
	ent of the hospital charges from	Social insurance Motivated local donors	2013-2017 2013-2017	Improved service Improved service		DDG/F DDG/F		
Pro	ovince: UVA							•
13	Strengthen Distance Laboratory System	Establishment of a Centralized district ambulance system				PDHS		
		Establish cost economic Centers in each district				PDHS		
Pro	vince: Southern				l			l
14	Strengthen finance & Procurement Units	Establish finance and Procurement Units at Type A Base hospitals in southern province	2013-2016	1unit/year	Complete by 2016	PDHS RDHS	2013-2.0 2014-2.0 2015-2.0 2016-2.0	
Pro	vince: North Western							
15	Strengthen financing and resource management in collaboration with private	Establishment of a central ICU bed allocation system	2013-2014	System established	Complete by 2014	PDHS	2013-1.5 2014-1.5	
	sector	Establishment of ambulance surveillance system to maximize the efficient utilization of ambulance services of province.	2013-2014	System established	Complete by 2014	PDHS	2013-1.5 2014-1.5	